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NEW CHILDREN'S MENTAL HEALTH CRISIS PROGRAMS UNDERWAY

Projects to improve children's services in start-up phase in three Virginia regions

Richmond – New programs that will improve emergency response services for children experiencing mental health crises are starting in three regions across the Commonwealth. Efforts will focus on the creation of crisis response services for children, specifically mobile crisis teams, crisis stabilization units and child psychiatry. The goal of such services is to help children during a mental health emergency in their own homes, schools and communities so they can avoid more costly and restrictive inpatient hospitalizations.

“In communities across Virginia, service capacity is not adequate and too many children and their families are unable to access the treatment they need,” said Department of Behavioral Health and Developmental Services (DBHDS) Commissioner Jim Stewart. “Crisis services deescalate mental health emergencies and help children before they must be hospitalized far from family and other local support networks. These new programs concentrate efforts and limited funds where the impact is the greatest.”

The 2012 General Assembly allocated and Governor McDonnell approved \$3.25 million for child psychiatry and crisis response services for children across fiscal years 2012 and 2013. DBHDS then requested that Virginia's local community services boards (CSBs) work together regionally to submit proposals on how they would use the funds to improve children's crisis services. A review team selected three proposals. DBHDS also was able to add over \$43,000 in federal grant funding to the first year of two projects. The three selected projects include:

- **Region I – Total: \$1,095,356** (FY13: \$500,000 state general funds and \$25,000 federal grant funds; FY14: \$570,356 state general funds)
Out of eight CSBs in Region I, five do not have access to child psychiatry. Through this regional partnership, a child psychiatrist will provide consultation to primary care physicians and pediatric practices on children's mental health needs. Tele-psychiatry will be available for all CSBs in Region I that are in need of child psychiatry time. A mobile crisis response team will serve children in the Central Virginia Community Services (CVCS) area. CVCS will partner with other CSBs in the region to provide consultation in developing programming to decrease utilization of inpatient hospitals and to develop mobile crisis teams

in other parts of the region. Central Virginia Community Services is the lead CSB for the region.

- **Region III – Total: \$755,501** (FY13: \$300,000 state general funds and \$18,385 federal grant funds; FY14: \$437,116 state general funds)

Region III, a large rural area in southwest Virginia, has a severe shortage of child psychiatrists and crisis clinicians with specific expertise in children's services. Tele-psychiatry will be available to the ten CSBs in this region. Three CSBs (Mt. Rogers, Highlands, and New River Valley) will each hire a crisis clinician to help with stabilization of a crisis situation and development of wraparound services in the community. A project manager for these three CSBs will also identify primary care physicians and pediatricians who may benefit from consultation with a child psychiatrist and arrange these consultations. Mount Rogers CSB is the lead CSB for the region.

- **Region IV – Total: \$1,442,528** (FY13: \$700,000 state general funds; FY14: \$742,528 state general funds)

Children in crisis who may be at risk for hospital or other long-term care will be stabilized in a 6-bed crisis stabilization unit under contract with Saint Joseph's Villa, a nonprofit organization in Richmond serving children with special needs. In addition, regional services will be expanded to include mobile crisis response to all CSBs in the region, with the exception of Southside CSB, which will provide its own mobile crisis team because of its more distant location in the region. The Virginia Treatment Center for Children will provide tele-psychiatry consultation to the bed-based and mobile crisis units. Finally, education on children's mental health issues to pediatric and primary care practices in the region will be provided by the Children's Mental Health Resource Center. Richmond Behavioral Health Authority is the lead CSB for the region.

Each regional program is currently in its initial start-up phase and expects to begin serving children before the end of the year.

A listing of CSBs by Partnership Planning Regions (PPR) can be found on page 5 of the following document: www.dbhds.virginia.gov/documents/OCC-CSB-Overview.pdf.